

GUIDE FOR OUTDOOR SEATING AND PLACING GOODS OR OTHER PROPERTY ON CITY SIDEWALKS

Pursuant to Section 12-14 of the Somerville Code of Ordinances, a permit must be obtained annually from the Board of Aldermen before placing any article or structure on or over a street or sidewalk. The permit is valid through the following April 30. The following steps must be completed for the Board to consider any request for such a permit. The fee is \$100.00.

1. Complete the attached Application. Sign and date the Release And Indemnity Agreement To Encumber A Public Way. Complete and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit – General Business.
2. If you are renewing a license you were granted last year and making no changes this year, you do not need to obtain the following Department sign-offs. Otherwise, if you are applying for a new license or renewing your license but making any changes this year, proceed to each of these three Departments to obtain sign-offs, as follows:
 - Inspectional Services Department: Monday – Friday, 8:00 – 10:00 AM, 3:00 – 4:00 PM
Franey Road (adjacent to Trum Field, located on Broadway)
617 625-6600 x5155, (Fax 617 625-0300)
 - Traffic and Parking Department: Monday – Friday, 9:00 AM – 4:00 PM
133 Holland Street
617 625-6600 x7900, (Fax 617 628-6675)
 - Fire Prevention Bureau: Monday – Friday, 8:00 – 10:00 AM, 3:00 – 5:00 PM
255 Somerville Avenue (behind the Public Safety Building)
617 625-6600 x8400, (Fax 617 666-4597)
3. Proceed to the Treasury, 93 Highland Avenue (City Hall), 617 625-6600 x3500, to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, Monday – Wednesday, 8:30 AM – 4:00 PM, Thursday, 8:30 AM – 7:00 PM, Friday, 8:30 AM – 12:00 PM
4. Obtain a City and County Licenses and Permits Bond in the amount of \$5,000, or designate the City of Somerville as an Additional Insured on your business liability insurance.
5. Finally, sign and date the Application and Conditions and file it with the City Clerk's Office, 93 Highland Avenue (City Hall), 617 625-6600 x4100. The City Clerk will submit the Application to the Board of Aldermen for approval. The Board meets on the 2nd and 4th Thursday of the month. Following Board approval, the Mayor has up to ten days to sign off on the Application, before the permit can be issued.

**APPLICATION FOR OUTDOOR SEATING, GOODS
OR OTHER PROPERTY ON CITY SIDEWALKS**

Application Fee \$100.00

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☐ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business Name: _____ Phone: _____

Business DBA Name (if applicable): _____

Address with Zip Code: _____

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): ☐ Individual ☐ Sole Proprietorship
 ☐ Corporation ☐ Association ☐ Partnership

IF AN INDIVIDUAL OR SOLE PROPRIETORSHIP:

Owner's Name: _____

Address with Zip Code: _____

IF A CORPORATION OR ASSOCIATION:

President's Name: _____

Address with Zip Code: _____

Secretary's Name: _____

Address with Zip Code: _____

Treasurer's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP (Attach additional sheets as necessary):

Partner 1's Name: _____

Address with Zip Code: _____

Partner 2's Name: _____

Address with Zip Code: _____

Detailed description of the request, including the proposed quantity and location of the seating, goods or other property to be placed on the public way. Attach a sketch. _____

RELEASE AND INDEMNITY AGREEMENT TO ENCUMBER A PUBLIC WAY

I, the undersigned Applicant or Duly Authorized Agent, hereby agree to release, discharge and hold harmless, the City of Somerville, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the undersigned's use of the public way as described herein.

Signature of Applicant: _____ Date: _____

FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:

INSPECTIONAL SERVICES DEPT. APPROVAL:

Approval granted not to exceed _____ tables.

Approval granted not to exceed _____ chairs.

Additional conditions _____

Signature: _____ Name and Title: _____

TRAFFIC AND PARKING DEPT. APPROVAL:

Approval granted not to exceed _____ feet over or on the public way.

Additional conditions _____

Signature: _____ Name and Title: _____

FIRE PREVENTION BUREAU APPROVAL:

Additional conditions _____

Signature: _____ Name and Title: _____

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: _____ Date: _____

Print Name: _____ Phone: _____

OTHER CONDITIONS

1. This permit is issued annually and is valid from May 1 through April 30 of the following year.
2. The Applicant agrees to submit a City and County Licenses and Permits Bond in the amount of \$5,000, or a current Certificate of Insurance listing the City of Somerville as an Additional Insured on the business liability insurance in a form satisfactory to the City before the Permit will be issued.
3. For outdoor seating,
 - a. The Applicant agrees to install a containment system, which is satisfactory to the City, around the periphery of the outdoor seating area in order to delineate and separate the proposed use from the public sidewalk.
 - b. The Applicant agrees to close all outdoor seating no later than 10:00 PM.
 - c. The Applicant acknowledges that the service of alcohol in the outdoor seating area is prohibited and may result in criminal and/or civil sanctions.
 - d. The Applicant agrees to the placement and regular maintenance of a trash receptacle on the sidewalk in front of the business in order to minimize extra litter associated with outdoor seating.
4. For goods and property placed on the way exclusive of outdoor seating,
 - a. The Applicant agrees to remove all goods and other property from the public way no later than 9:00 PM.
5. _____

Signature of Applicant: _____ Date: _____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: _____
2. Address of taxpayer/applicant's business in Somerville: _____
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: _____ evening: _____

I, _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20____. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# _____	# _____	# _____	# _____

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** _____

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: _____

address: _____

city: _____ state: _____ zip: _____ phone #: _____

work site location (full address): _____

☐ I am a sole proprietor and have no one working in any capacity. **Business Type:** ☐ Retail ☐ Restaurant/Bar/Eating Establishment
☐ I am an employer with _____ employees (full & part time). ☐ Office ☐ Sales (including Real Estate, Autos etc.)
☐ Other

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

☒ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co.: _____ **policy #:** _____

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co.: _____ **policy #:** _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print name: _____ Phone #: _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license #: _____ ☐ Building Department

☐ check if immediate response is required

☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____

contact person: _____ phone #: _____
(revised Sept. 2003)